Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: **Roselle Ragasa Adult Residential Care Home (ARCH) Corp.**	**CHAPTER 100.1**
Address: **4523 Likini Street, Honolulu, Hawaii 96818**	**Inspection Date: June 14, 2023 Annual**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** Substitute Care Giver #2 – No documented evidence of an initial tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** No record for TB test done on 2020 but one was done Feb. 2021. There were 2 skin tests done on (Nov. 2016) Nov. 15, 2016 and Nov. 21, 2016 per Lanakila Health Center record.	7/20/23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** Substitute Care Giver #2 – No documented evidence of an initial tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** A calendar of next scheduled date for annual TB clearance was made for all SCG's and a copy was placed in the PCG/SCG's binder to keep tract when is the next annual TB clearance. PCG will be responsible to remind SCG's ahead of time that Annual TB clearance has to be done on the scheduled month of the year. JUL 26 2023	06/26/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH. **FINDINGS** A minimum of three days' food supply not available.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Following day after the annual inspection, PCG went purchased more residents food supplies greater than 3 days made available enough supplies for the residents consumption. PCG/SCG's will make sure a minimum of 3 days food supplies is always available. JUL 26 2023	06/26/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH. **FINDINGS** A minimum of three days' food supply not available.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Made a scheduled days and a checklist for SCG's to check residents food supplies 2 times a week every month to make sure a minimum of 3 days food supplies is available. SCG's to let PCG know if food supplies is close to less than 3 days inorder for PCG keep track that residents food supplies is always enough and avail JUL 26 2023	06/26/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Senna medication order from 5/17/2023 = "Senna 8.6 mg orally once a day as needed for constipation." Medication changed from routine to as needed; however, medication administration record and label were not changed.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Discussed with Dr. J. You who changed the senna medication to as needed if can changed it back to the original order as ordered by the residents PCP which is senna 1 tab po daily. Dr. J. You okayed and changed senna from PRN to scheduled daily. JUL 26 2023	06/26/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Senna medication order from 5/17/2023 = "Senna 8.6 mg orally once a day as needed for constipation." Medication changed from routine to as needed; however, medication administration record and label were not changed.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** For new medication orders I will ensure to flag new orders with post it and have 2 caregivers review the MAR and medication label, sign post it to make sure and remind myself that MAR/ label was updated. A piece of paper will be stuck or taped on to the medication container stating "directions changed, refer to order date 6/22/2023."	7/20/23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Polyethylene Glycol ordered "as needed;" however, medication is not available for use.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Bought polyethylene glycol medication over the counter in Longs Drugs to keep medication available on hand for resident use as needed. JUL 26 2023	06/26/2023

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Polyethylene Glycol ordered "as needed;" however, medication is not available for use.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will ensure that medications will be reviewed monthly with another SG. Will have substitute caregiver read the medication orders while the other caregiver will check that the medications are available on hand.	7/20/23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **FINDINGS** SCG #1, #2, #3, #4, and #5 – 6 out of 12 continuing education hours completed within the last year.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** All caregivers completed another 6 hours of continuing education on July 7, 2023 and July 12, 2023. Enclosed are copies of certificates showing completion of continuing education.	7/20/23

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Licensee's/Administrator's Signature: Roselle Ragasa

Print Name: Roselle Ragasa

Date: 07-20-2023